

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-876)

SERIAL NO.

09/659,683

FILING DATE

APPLICANT(S)

9-16-04 9-9-04

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
1						
2						
3						
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27	1		1			
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47						
48						
49						
50						
TOTAL IND.	1		1			
TOTAL DER.	0		0			
TOTAL CLAIMS	1		1			

	*		*		*	
	IND.	DER.	IND.	DER.	IND.	DER.
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100						
TOTAL IND.						
TOTAL DER.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS